LAW ENFORCEMENT OFFICIAL'S REQUEST FOR PROTECTED HEALTH INFORMATION
CITY OF CHICAGO INDEPENDENT POLICE REVIEW AUTHORITY

TO: CERMAK HEALTH SERVICES OF COOK COUNTY DATE: 27 JAN 12
(Name of institution, individual or department)

RE: [redacted]
(Case name and number, and name of individual)

I am a law enforcement official as defined by the Health Insurance Portability and Accountability Act (HIPAA). *See* 42 U.S.C. §1320(d) *et seq.* (2002). *See also* Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160, 162 & 164 (2002). I am employed by the City of Chicago and work for the City of Chicago's Independent Police Review Authority.

I am serving this investigative demand on you so that I may receive any and all protected health information of:

Name: [redacted]

Birth Date:

Address:

Social Security Number:

DATE OF INCIDENT ON OR ABOUT 07 JAN 12

In accordance with 45 C.F.R. §164.512(f), I certify that:

(1) The information sought is relevant and material to a legitimate law enforcement inquiry;

(2) This request is specific and limited in scope to the extent reasonably practicable in light of the purpose for which the information is sought; and

(3) De-identified information cannot be reasonably used.

(Signature of Requestor)

Roberto Soto
(Name of Requestor) (Please Print)

312-745-3609, ext 1106
(Telephone Number of Requestor)

LOG# 1051472

Attachment 24

* Final Report *

Result Type:
Result Date:
Result Status:
Result Title:
Performed By:
Verified By:
Encounter Info:

[redacted]

* Final Report *

CHS Intake Health Screening Entered On: 01/26/2012 17:21
Performed On: 01/26/2012 17:15 by DOUGHERTY, LAUREN

[redacted]

[redacted]

[redacted]

LOG# 1051472

Attachment 24

[redacted]

* Final Report *

[redacted]

* Final Report *

[redacted]

CERMAK HEALTH SERVICES OF COOK COUNTY

Last Name: CK[redacted] First Name:_____ DOB:_____ Sex: M / F

IF no la[redacted] Inmate/MRN#_____

Consent for Health Screening and Treatment

I consent to a medical and mental health history and physical including screening for tuberculosis and sexually transmitted diseases as part of the intake process of the Cook County Jail. I also consent to ongoing medical treatment by Cermak Health Services staff for problems identified during this process. I understand I may be asked to sign forms allowing other medical treatments. I understand that every effort will be made by CHS staff to keep my medical problems confidential. I understand the policy of CHS regarding access to health care at Cook County Jail.

I certify that the information given by me as part of the medical and mental health history and assessment is, to the best of my knowledge, complete and accurate.

X[redacted] Date: 1/26/12 Time:_____AM/PM

Signature of Detainee

L. Dugherty CMT Date: 1/26/12 Time:_____AM/PM

Witness Signature *Title*

Consentimiento para Examen de Salud y el Tratamiento Médico

Doy permiso a una evaluación de mi salud y un examen físico, inclusive examen para la tuberculosis y enfermedades sexuales, realizado por el personal de Cermak Health Services (CHS) como parte del proceso rutinario del Cook County Department of Corrections (la carcel de Cook County). También consiento al tratamiento medico y de salud mental para problemas de salud identificados durante este proceso. Entiendo que el personol me puede pedir que firme formas que permiten otros tratamientos médicos. Entiendo que cada esfuerzo será hecho por el personal de CHS para mantener mis problemas médicos confidenciales y que solarmente información necesoria para la seguridad y la gestión de la Cárcel será compartida con el personal correccional. Comprendo las reglas y el proceso de CHS con respecto a acceso a los servicios medicos en la Cárcel de Cook County.

Declaro que la información dada por mí como la parte de la historia de salud y la evaluación médica y mental es, hasta donde yo conozco, completa y correcta.

_____ *Fecha:*____/____/____ *Hora:*_____*AM/PM*

Firma del Detenidoña

_____ _____ *Date:*____/____/____ *Time:*_____*AM/PM*

Witness Signature *Title*

[redacted]

Form 852.29 February 16, 2010

LOG# 1051472

Attachment 24

[redacted]